

DEPARTMENT OF WATER RESOURCES

CENTRAL DISTRICT
901 P Street
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NORTHERN DISTRICT
2440 Main Street
Red Bluff, CA 96080
(530) 529-7300
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SAN JOAQUIN DISTRICT
3374 E. Shields Ave Ste A7
Fresno, CA 93726
(559) 230-3300
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SOUTHERN DISTRICT
770 Fairmont Avenue
Glendale, CA 91203
(818) 500-1645 ext. 233
(818) 543-4604 (Fax)

WELL COMPLETION REPORT RELEASE REQUEST AND CONFIDENTIALITY AGREEMENT REGULATORY-RELATED ENVIRONMENTAL CLEANUP STUDY

Well Completion Reports associated with wells located within two miles of an area affected or potentially affected by a known unauthorized release of a contaminant will be made available upon request to any person performing an environmental cleanup study associated with the unauthorized release, if the study is conducted pursuant to a regulatory agency order (Water Code Section 13752).

Requests must be made on the form below, signed and submitted to the appropriate DWR District Office. Please provide the township, range, and section of the property where the study is to be conducted. Attach a map or a sketch with a north arrow, and provide as much identifying information requested below as possible; additional paper may be attached if necessary.

By signing below, the requester acknowledges and agrees that, in compliance with Section 13752, the information obtained from these reports will be kept confidential and will not be disseminated, published, or made available for inspection by the public. Copies obtained must be stamped **CONFIDENTIAL** and kept in a restricted file accessible only to authorized personnel. These reports must not be used for any purpose other than for the purpose of conducting the environmental cleanup study.

Project Name: _____ County: _____

Street Address: _____ City: _____

Township, Range, and Section: _____ Radius: _____
(Include entire study area and a map that shows the area of interest.) (maximum 2 miles)

Requester's Company _____ Regulatory Agency Name _____

Requester's Name (**please print**) _____ Agency Contact Name (**please print**) _____

Address _____ Address _____

City, State, and Zip Code _____ City, State, and Zip Code _____

Signature: _____ Signature: _____

Title: _____ Title: _____

Telephone: () _____ Telephone: () _____

FAX: () _____ FAX: () _____

Date: _____ Date: _____

E-mail: _____ E-mail: _____